

Goodwin@ Mills Fire-Rescue 481 Goodwin@ Mills Road Lyman, ME 04002 Tel: (207) 499-2362

APPLICATION FOR EMPLOYMENT

${\it CONFIDENTIAL}$

(Print or Type)

LDFC Form 1101/1							
NAME:		TELEF	PHONE	SOCIAL SECURITY			
			Home:		NUMBER		
Last Fir	st Middle 1	Int.	Office:				
ADDRESS:							
Street	City	State Zip Code					
PERMANENT ADDRESS (if different from above)							
Street	City	Т		State	e Zip		
DATE OF BIRTH				authorized to w	ork in the US?		
		☐ YES					
HAVE YOU EVER BEE	,		_		APPLY HERE FOR		
TOWN OF DAYTON, T		EMPLO					
GOODWINS MILLS FIF	RE-RESCUE?	GMFR I	Employe	e 📙			
□ 3 7 1		(3)			`		
☐ Yes, when		(Name:)					
□ No		Other					
□ No		(Specify)					
		(Specify)				
POSITION DESIRED		DATE		HAVE VOIL	APPLIED HERE		
POSITION DESIRED	☐ FIREFIGHTER ☐ EMS		ADIE				
□Call Force	☐ FIRE POLICE	AVAILABLE WITHIN THE LAST YEAR?					
☐Full-Time	☐ ENGINEER			□ VEC If you	s, approximate		
□Fun-Time □Per Diem	OTHER			date			
	OTHER			NO NO			
WHAT HOURS ARE YO	OLLAVII ARLE FOR						
CALL?	JO ITVILITABLE FOR						
CHEE.							
Do you have any immedia	ate relatives employed by the	e Town of	Lyman.	Town of Davto	on or Goodwins Mills		
Fire-Rescue? ☐ YES			— <i>J</i> ,				
	Rel	ationship					
		г-					

FOR HUMAN RECOURS	SES USE ONLY: Applica	tion Rev	viewed	l:			(Date / Int.)
Initial Interview:Notes:							
Representative							
DISPOSITION							
☐ Hired ó Position		□Not H	lired	Lette	r		
Educational History:							
_							
NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY / DATES ATTENDED	CIRCLI				DID YOU GRADUATE?	LIST: DIPLOMA OR DEGREE
						YES NO	
	FROM: TO:	1	2	3	4		
						☐ YES ☐ NO	

YES NO

FROM:

FROM:

TO:

TO:

LICENSURE PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

DO YO	OO YOU CURRENTLY HOLD AN EMT LICENCE? YES NO								
If Yes:	License level: _	DATE	OF EXPIRATION						
DO YO	U CURRENTL	Y HOLD A FIREFIGHTER C	Certification? YES NO						
IF Yes,	what level:								
	ELOW ANY O	THER LICENSE OR CERTIF							
TYPE		STATE ISSUED	EXPIRATION DATE	NO.					
TYPE		STATE ISSUED	EXPIRATION DATE	NO.					
TYPE		STATE ISSUED	EXPIRATION DATE	NO.					
	Has your licens	a avar baan suspandad or ray	oked? ☐ YES ☐ NO If yes, descr	iha					
	mas your needs	e ever been suspended of feve	oked: 125 110 ii yes, desci	100					
	Have you ever	been convicted of, or are you	presently charged with a felony?	YES □ NO					
	If yes, describe								
	Have you ever	been convicted of, or are you	presently charged with, any crime in	volving a sex					
	offense, an assa	ault, or the use of force or a we	eapon? YES NO If yes,	describe:					
	**			1					
	•	·	presently charged with, any reckless	0					
	•		luence, or driving to endanger?	YES NO					
	If yes, describe	:							

EMPLOYMENT HISTORY:

LIST NAME, ADDRESS AND PHONE NUMBER OF YOUR LAST 3 EMPLOYERS WITH THE MOST RECENT EMPLOYER FIRST.	DATE FROM	DATE TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
JOB TITLE:	Date From	Date To	Immediate Supervisor	Last Salary Rate
EMPLOYER NAME:				
PHONE:				
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				
JOB TITLE:	Date From	Date To	Immediate Supervisor	Last Salary Rate
EMPLOYER NAME:				
PHONE:				
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				
JOB TITLE:	Date From	Date To	Immediate Supervisor	Last Salary Rate
EMPLOYER NAME:				
PHONE:				
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

	☐ YES ☐ NO EMI	PLOYER #2 ☐ YES ☐ NO	EMPLOYER #3 ☐ YES ☐ NO					
PROFESSION	AL REFERENCES ó	Not Related (Students pleas	e include academic references)					
NAME	ADDRESS	OCCUPATION	TELEPHONE					
NAME	ADDRESS	OCCUPATION	TELEPHONE					
NAME	ADDRESS	OCCUPATION	TELEPHONE					
assessing your fu		dditional information which y	ou reer would be helpful in					
APPLICANT'S A	AGREEMENT (PLEASE	READ THE FOLLOWING IN	FORMATION CAREFULLY.					
rules, regulatio	ons, and directives. I w	wins Mills Fire - Rescue, I d nderstand that my employma ne company in which I am en	ent is for no stated term and is					
* I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal. I hereby acknowledge that I have read, understand, and I consent the above statements.								
acknowledge in	* I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.							
* I also undersi		ployment, I must prove my i						
* I also underso work in the Uni * I certify that I	ited States, prior to be I am a genuine applica	ployment, I must prove my ing employed. In and this interpretable in the control of the control						
* I also underso work in the Uni * I certify that I solely for the pro other reason. In compliance will origin, ancestry	ited States, prior to be I am a genuine applica urpose of seeking emp with Federal and State be considered for emp	ployment, I must prove my ing employed. ant for employment and this loyment with Goodwins Mile equal employment opportu	dentity and my eligibility to application is being submitted ls Fire – Rescue, and for no nity laws, all qualified their race, creed, color, national					

AUTHORIZATION FOR RELEASE OF INFORMATION

SOCIAL SECURITY VERIFICATION, EDUCATION VERIFICATION, CRIMINAL HISTORY REVIEW

I hereby authorize the Town of Lyman, Town of Dayton, Lyman-Dayton Fire Commission, GOODWINS MILLS FIRE-RESCUE, its employees, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my charter and general reputation. In addition, I further authorize investigations of the following:

<u>Background:</u> I authorize the check of all Criminal Records and Department of Motor Vehicles Records.

<u>Education:</u> I authorize schools, colleges and all scholastic intuitions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

<u>Employment:</u> I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personal file, salary history, condemnations and all other pertinent information.

<u>Authorization to Release:</u> I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of the Company. I understand that any and all of these investigations or inquires can be performed prior to employment.

<u>Re-disclosure:</u> I understand that the information requested is for the use by the employer or individual requesting my information and may be re-disclosed only as authorized by law. I understand that I have a right to request a written disclosure of the nature and scope of the investigation being conducted.

<u>Indemnification:</u> I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to such investigations, disclosures, or admissions.

<u>Signature</u>: Copies and facsimile transmission of this authorization that show my signature are as valid as the original release signed by me.

TO BE COMPLETE	D BY TH	E APPLICANT	•				
The following information is for Identification and Investigative Purposes Only							
(Please use an ink pe	n and pri	nt clearly. Use U	PPER case letter	rs.)			
Last Name							
First Name							
Middle Name							
Social Security							
Number							
Date of Birth	MON	DAY	YEAR				
Other First / Last name(s) used							
Current and Past States and Countries I have lived in	STATE	COUNTRY	PROVIDENCE	FROM (MONTH/YEAR)	TO (MONTH/YEAR)		
within the last							
seven years							

I hereby certify that the facts set forth in the above Authorization for Release of Information are

Date:

true and complete to the best of my knowledge. I understand that if employed, falsified

statements on this form shall be considered sufficient cause for dismissal.

Signature:



Lyman-Dayton Fire Commission Goodwins Mills Fire-Rescue 481 Goodwins Mills Road Lyman, Maine 04002-7524

Regulation: 1	102					
Subj: Pre-Em	aployment Physical Agility Test (PAT)					
Reference:	(a) GMFR Personnel Policy dated 11/30/2011 Article 2.6(b) LDFC Regulation 1101/Hiring Policy					
Appendix:	 (1) Candidate Acknowledgement and Release (2) Statement of Physician (3) Testing Record (4) Information for the Candidate to prepare for the PAT. 					
1. Purpose: To set procedures for the administration of a pre-employment physical agility test for employment candidates.						
or avocation.	d: Firefighting and Emergency Medical Candidates for employment must demobb related tasks.	Service is an intensely physical occupation instrate an ability to perform physical				
3. It is the policy of the Lyman & Dayton Fire Commission to conduct physical agility tests on all candidates for employment, either part or full-time. The Fire Chief is responsible for conducting such tests during phase 2 of a recruitment period. Reference (b) refers.						
4. A candidate is exempt from participating in the PAT if that candidate has successfully passed at GMFR PAT within the past six months.						
5. This policy replaces and supersedes GMFR Regulation 1174.						
6. Approved by positive vote of the Fire Commission on January 19, 2012.						
S	igned copy on file	Chairman				
S	igned copy on file	Fire Chief				

Subj: CANDIDATE ACKNOWLEDGEMENT AND RELEASE FOR FIRE-RESCUE PRE-EMPLOYMENT PHYSICAL AGILITY TEST.

Candidates that have been determined eligible for testing should arrive 15 minutes prior to their appointment time. A picture ID is *required* along with this release form and the signed physician's release form. Candidates must sign this release form in the presence of a representative of the Goodwinøs Mills Fire-Rescue on the day of the test. DO NOT sign this release in advance.

Candidates will perform the test in weighted vests to simulate the personal protective equipment, or by wearing a turnout coast and SCBA pack, without mask. The determination to use a weighted vest or turnout gear will be made by the testing coordinator 24-hours prior to testing. Candidates will be informed of the method on the day of the test prior to commencement of the test. Candidates must wear a shirt, long pants (t-shirts and sweat pants are acceptable), and foot wear shall be boots or sneakers. Shorts and open toed shoes will not be allowed.

The physical agility test is divided into two parts, a timed portion and a non-timed portion. In part 1, there are a set of six (6) tasks that all must be completed correctly, and in order. Each candidate will have a maximum of ten (10) minutes to complete the timed portion of the test. In part 2, there are two tasks that are not timed but must both be successfully completed. Each task will be explained and demonstrated to the candidates. To pass the physical agility test, the candidate must properly complete all events in both sections of the test.

The timing for part 1 will be done by a standard stop watch. The time starts once the hose pack in the first event leaves the ground by the candidate picking it up and the time stops once the candidate completes the last evolution.

I. PHYSICAL AGILITY TEST

Part One. Timed events

1. HOSE CARRY

- A. Requirement: Carry a high rise hose pack consisting of 100 feet of 1-3/4 inch hose up and down a flight of stairs four times.
- (1) Procedure: Shoulder carry a bound high rise pack up four flights of stairs to a landing and place pack into a specified area. The candidate may use the handrail and must step on each step going up and down the stairs; no skipping of steps is allowed.
- (2) Job relationship: Firefighters are frequently required to carry equipment or hose loads to upper floors of buildings.

2. HOSE HOISTING

- A. Requirement: Hoist one (1) 50 foot roll of 2-1/2 inch fire hose, from the ground level to a landing above. The evolution will be complete when the roll is on the landing.
- (1) Procedure: Using an attached rope, hoist the roll of fire hose using the hand-over-hand method, from ground level to a landing above, and place the roll on the floor of the landing.
- (2) Job relationship: Firefighters are required to hoist fire hose and other tools to upper stories of buildings.

3. SIMULATED ROOF VENTILATION

- A. Requirement: Move a designated object to its end point using a sledge hammer regardless of the number of strikes.
- (1) Procedure: Move the designated object to its end point in the demonstrated manner as quickly as possible. Use enough force to simulate the penetration of standard roofing materials. (Object may NOT be slid by use of dragging method with sledge.)
- (2) Job relationship: This exercise simulates the actions and the energy required to swing a fire axe that would be used to chop a hole in a roof ventilation evolution.

4. HOSE PULL

- A. Requirement: Extend and drag 150 feet of dry 2½ inch fire hose with nozzle attached 200 feet from the starting point.
- (1) Procedure: The candidate will approach the dry $2\frac{1}{2}$ inch fire hose and nozzle. The candidate moves forward until the nozzle crosses the finish line and is placed on the ground. This is completed as quickly as possible without stopping.
- (2) Job relationship: 2 ½ inch hose is carried on engine companies in lengths up to three-hundred fifty (350) feet. A firefighter occupying the nozzle position on an engine company is responsible for extending the line to the point of fire attack.

5. LADDER EXTENSION

- A. Requirement: Fully raise (extend) the top (fly) section of the extension ladder until the dogs lock then safely lower it completely by using the attached halyard with a hand-over-hand method both up and down.
- (1) Procedure: The candidate will fully raise (extend) and lower the top (fly) section of a permanently fixed extension ladder by using either of the demonstrated hand-over-hand methods. Allowing the halyard to slip through the hands is an unsafe practice and is unacceptable. Both of the candidate's feet must remain in contact with the ground at all times while raising and lowering the ladder.
- (2) Job relationship: Rescue from elevated levels is sometimes required via ground ladders.

6. SAW CARRY

A. Requirement: Lift two (2) ventilation saws in simultaneously, carrying one in each hand. Walk with them from the starting point to the designated finish line.

- (1) Procedure: The candidate will carry both saws and in one trip locate them on or after the finish line.
 - (2) Job relationship: Carrying tools on and off the fire ground is routinely required.

PART 2. Non-timed events.

1. CLAUSTROPHOBIA TEST

- A. Requirement: The Candidate shall don a self-contained breathing apparatus face piece and weighted vest while negotiating an established confidence course.
- (1) Procedure: Wearing a weighted vest and a blacked out SCBA mask, the candidate shall traverse the entire length and width of an established confidence training course following a hose line making constant progress. Removal of the mask prior to completion or failing to complete the course is a failing grade.

2. LADDER CLIMB

- A. Requirement: The Candidate shall climb the aerial ladder set to a 65 degree angle for a distance of 75 feet. The candidate must climb the ladder in a continuous motion. Once the candidate places both hands on the final rung, they climb back down. Once on the ground the test is completed.
- (1) Procedure: Wearing helmet, gloves, and weighted vest the candidate will climb the ladder of an aerial truck. At the top the candidate must give a signal that they have reached the final rung and then climb back down in the same manner always maintaining a vertical body position and two points of contact on the ladder rungs.

II. CANDIDATE RELE	ASE (To be signed in the presence	ce of an authorized Goodwinøs Mills					
Fire-Rescue representati	ve.)						
,, hereby release, discharge and waive all rights of							
action against the Goodwings Mills Fire-Rescue, Lyman-Dayton Fire Commission, Town of Lyman or the Town of Dayton and its agents and employees which I or my heirs, successors of							
from my participation in voluntarily and without	the above described physical agic coercion or duress.	ility test, which I agree to take					
		Date:					
Signature of Fire	fighter Candidate						
Printed name of	Firefighter Candidate						
I personally witnessed the picture identification.	ne candidate sign this release in m	ny presence and have sighted positive					
		Date:					
Signature of Goodwings	Mills Fire-Rescue Representative	ve.					

STATEMENT OF PHYSICIAN

To be completed by your physician.

Candidate Name:	
	ne physician for person named above. I have read lated physical fitness test for the position of ledge, no physical illness or condition exists that inadvisable for the candidate.
Date:	
	_ Physicianøs Signature
	_ Printed name of Physician
Address:	
Telephone:	

Appendix 3 to Regulation 1102

	NG REC								
Candida	ate:							_	
Part 1:									
	1 P	ASS	FAIL						
	2 P	ASS	FAIL						
	3 P	ASS	FAIL						
	4 P	ASS	FAIL						
	5 P	ASS	FAIL						
	6 P	ASS	FAIL						
	TIME:			_		Part 1 Score	e:	PASS	FAIL
Part 2:									
	Claustro	phob	ia Test:	PASS	FAIL				
	Ladder (Ĉlimb):	PASS	FAIL				
						Part 2 Score	e: PASS	FAIL	
This ca	ndidate h	as	PASS	===== ED	FAILI	====== ED	the GI	===== MFR Ph	ysical Agility Test.
Signatu	ure of Go	odwi	nøs Mill	s Fire-l	Rescue	Representativ	ve		
PRE-TI	===== EST Vita	 1 Sigr	 1S:						
		_		Pulse		BP	/		Resp
						wing test):		_	r
						BP	/		Resp
	ΓEST Vit							_	F
		-			-	BP	/		Resp

Appendix 4 to Regulation 1102

Subj: Information for the Candidate to prepare for the PAT.

Preparing for the physical agility test. It must be emphasized that regardless of a personose level of fitness, individuals should be in good health before beginning any physical training program that emphasizes cardio-respiratory (heart-lung) fitness, strength and muscular endurance and flexibility. Most people can improve their level of physical fitness through an intensive training program that could include anything that would improve cardio-respiratory fitness, weight lifting to develop muscular strength, and stretching exercises to increase flexibility.

How to evaluate your level of physical fitness. From a training standpoint, candidates should gradually work up to the point where they can run 1.5 miles in 12 minutes or less to establish their cardio-respiratory fitness. Strength should be gradually developed to where the candidate can do 7 chin-ups, 20 push-ups and 40 sit-ups with comparative ease. This is about the minimum fitness level for a candidate to safely complete the physical ability test. It must be emphasized that following the guidelines is no guarantee for passing the test. However, your chances for passing will be greatly increased if adequate preparatory physical training has taken place.

What is cardio-respiratory fitness? Cardio-respiratory fitness is the ability of the heart to deliver oxygen to the muscles and other tissues. This is called the aerobic power. Simply stated, the ability to perform exercise and/or physical work is directly dependent upon how well the body delivers oxygen to the working muscles. A highly fit person will be able to dependent upon how well the body delivers oxygen to the working muscles. A highly fit person will be able to deliver large amount of oxygen to the muscles and therefore, be capable of prolonged muscular exercise (for example: fighting fires). On the other hand, the out-of-shape individual will not be capable of delivering adequate amounts of oxygen to the muscles and therefore, will fatigue quickly and be forced to stop working much sooner.

What about muscular strength? Strength can be defined as the ability to apply force. Since nearly all movements are performed against some resistance, a certain degree of muscular strength is needed to perform any activity. Firefighters perform activities against much greater resistance than the average individual. Therefore, the firefighter must have above average muscular strength, endurance and power in order to effectively and safely handle firefighting equipment and perform the duties of a firefighter.

<u>What about flexibility?</u> Flexibility allows an individual to perform required moves without causing injury. Firefighting and many extremely vigorous activities can be performed more safely if the person has good flexibility.

<u>The importance of preparation.</u> Do not take this physical agility test lightly. It is more difficult than it appears. Your chances for passing the test will be greatly increased if adequate preparatory training has been undertaken. Physical training should emphasize cardio-respiratory (heart-lung) fitness, strength and muscular endurance. Running and weight training are two of the best approaches.

What to bring & How to dress. Candidates that have been determined eligible for testing should arrive 15 minutes prior to their appointment time. A picture ID is required along with this release form signed by a physician. Candidates must sign the release form in the presence of a representative of the Goodwing Mills Fire-Rescue when checking in. DO NOT sign the release in advance. Candidates will perform the test in weighted vests to simulate the personal protective equipment they would be wearing on the fire ground. Candidates must wear a shirt, long pants (t-shirts and sweat pants are acceptable), and foot wear shall be boots or sneakers. Shorts and open toed shoes will not be allowed.

<u>The Physical Agility Test</u>. The physical agility test is divided into two sections, a timed portion and a non-timed portion. There are a set of six (6) tasks that all must be completed correctly, and in order. Each candidate will have a maximum of ten (10) minutes to complete the timed section in order to pass/fail. There are two additional tasks that are not timed but must both be successfully completed. Each task will be explained and demonstrated to the candidates. To pass the physical agility the candidate must properly complete both sections of the test.

<u>Timing Method.</u> The timing will be done by a standard stop watch. The time starts once the hose pack in the 1st evolution leaves the ground by the candidate picking it up and the time stops once the candidate completes the last evolution.